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| **Name of Grant Program:** Partners for Youth Success: Personal Responsibility Education Program (PREP) - Continuation | **Fund Code:** 716/211 |

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| PART III – REQUIRED PROGRAM INFORMATION |

The Partners for Youth Success: Personal Responsibility Education Program (PREP) initiative is intended to build and strengthen district capacity to implement and provide comprehensive sexual health education to prevent pregnancy and sexually transmitted infections, including HIV/AIDS. It is expected that districts will implement their selected evidence-based curriculum during school year 2023-2024 in at least one school and serving a total of at least 150 students in middle (grades 6-8) and/or high (grades 9 -12) school, participate in required evaluation activities and professional development, and work towards building sustainability of the program beyond the grant period. **Using no more than 10 pages, please provide responses to the following questions.**

**Partners for Youth Success: Personal Responsibility Education Program 2022-2023 Progress Report**

1. **Project Management: Project Team**
2. Have there been any updates or changes to your project team?
3. For each member of the applicant’s Partner for Youth Success Planning Team please provide the following information in the chart below:

* Name and Title
* What are their roles and responsibilities in regard to the work required for this funding?
* What are their roles in regard to the health curriculum and or sexual health education efforts in your district and/or community?
* Who will have primary responsibility for the ensuring that the selected curriculum goes through any local approval processes?
* Who will be the designated project lead? This person will act as the liaison between the district and the Department of Elementary and Secondary Education (Department or DESE) by being the main point of contact for the Department and the Department’s technical assistance contractor(s).

Reminder: Applicants are required to identify at least 2-3 Partners for their Youth Success Planning Team members who are responsible for carrying out the key requirements of this grant. Add additional rows to the table below as needed.

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| **Project Lead:** | **Name/Title:** |  | **Email:** |  |
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| **Team member 2:** | **Name/Title:** |  | **Email:** |  |
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| **Team member 3:** | **Name/Title:** |  | **Email:** |  |
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1. **Summary of Massachusetts Sexuality Education Self-Assessment and Action Planning Activities**
2. Has the Massachusetts Sexuality Education Self-Assessment been completed?

If so,

1. If you have not already done so, please submit a copy of your completed assessment to [Chiniqua.n.milligan@mass.gov](mailto:Chiniqua.n.milligan@mass.gov)
2. Of the 8 areas of assessment, which were your strongest and which were your areas of most need?
3. What are your key takeaways or lessons learned from completing?
4. Please provide any additional information or feedback on use and completion of the Massachusetts Sexuality Education Self-Assessment not captured in questions above.

If not,

1. Where are you in the completion of the self-assessment and when do you expect to be completed?
2. Of the assessments area that have been completed, which are your strongest and which are your areas of most need?
3. What are your key takeaways or lessons learned this far?
4. What were the barriers or challenges in completing the self-assessment?
5. Where are you in the development and implementation of your Sexuality Education Curriculum and Programming Action Plan?
6. Please provide feedback on the technical assistance and coaching provided by Lighthouse Wellness & Health Education Consulting, INC. in completing the self-assessment and action plans.
7. **Curriculum Implementation in 2023-2024**
8. Please indicate which of the evidence-based curricula will be implemented and provide the rationale for the selection.
9. Please specify how the program will be implemented in each school by completing the school implementation chart at the end of this document. Please provide as much detail as possible.
10. Have all teachers who will be implementing PREP program received the requisite training – Sexuality Education Cornerstone Seminar (SECS)or similar and curriculum specific training? If not, how will you ensure that they receive the required training prior to implementing?
11. Will there be common planning or regular meeting time for teachers to share strategies, discuss topics of concern, work through challenges etc.?

If so,

* How often will teachers meet?
* When will they meet?
* What other methods/strategies will be employed to foster regular communication among teachers?
* Could technical assistance by DESE, DESE’s TA providers and/or DPH occur during this time?

If not,

* How will teachers communicate in order to share strategies, discuss topics of concern, work through challenges etc.?
* What is the best method for DESE, DESE’s TA providers and/or DPH to schedule and provide assistance to teachers?

1. How will you inform and educate parents/care givers about the curriculum? How will you comply with M.G.L. c.71, §32A? This law requires school districts to notify parents and guardians about any curriculum that primarily involves human sexual education or human sexuality issues and permit them to exempt their children from any portion of that curriculum without penalty. Schools are to make instructional materials for said curricula reasonably accessible to parents, guardians and others for inspection and review. See [www.doe.mass.edu/lawsregs/advisory/c7132adv.html](http://www.doe.mass.edu/lawsregs/advisory/c7132adv.html) for more information.
2. **Assessment and Evaluation**

The Massachusetts Department of Public Health (DPH) is the lead agency for program evaluation for the PREP grant. DPH will develop evaluation protocols and materials and collect all evaluation data. The Department will work closely with DPH to ensure that evaluation protocols and materials are appropriate to the school setting. The Department will also support schools/districts with appropriate implementation of evaluation activities.

Evaluation of the program and program activities is required in order to measure program effectiveness.

* Performance measures established by federal funders include:
* The number of youth served and hours of program delivery
* Fidelity to the program model or adaptation of the program model for the target population
* Community partnerships and competence in working with the target population
* Reported gains in knowledge, changes in behavioral intentions and/or changes in self-reported behaviors of participants

1. Please complete the following chart on the various components of the evaluation by describing the following:

* Necessary approvals needed, if any (including turnaround time for approval)
* Known barriers/challenges to implementing
* Any support needed from DPH/Department to complete

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| **Evaluation Component** | **Who is responsible?** | **What will it be used for?** | **Approvals, Barriers, Needs** |
| Pre-Test/survey\* | Teachers will administer to students prior to or during the first session of the curriculum. | This will assess students’ baseline knowledge, behavior and/or intended behavior around curriculum goals and program outcomes. |  |
| Post-Test/Survey\* | Teachers will administer to students after or in the last session of the curriculum. | This will assess students’ change in knowledge, behavior and/or intended behavior around curriculum goals and program outcomes |  |
| Fidelity & Attendance Logs (Process Logs) | Teachers will be required to complete a fidelity monitoring log after each session of the curriculum. | This will monitor fidelity to the program model and any adaptations of the program for the target population. This will also provide information for areas where further TA to teachers may be needed. |  |
| Observations | Department PREP Coordinator and/or Department PREP TA contractor will schedule observations (number to be determined) of sessions of the curriculum at each school. | This will be used in conjunction with fidelity logs to monitor adherence to curriculum as written and provide support/TA. |  |
| \* All information will be de-identified. A coding system is used on pre/post tests and no student information is collected. Pre/post tests can be administered via paper or electronically. Please indicate anticipated mode of administration:  □ Electronic  □ Paper  □ Unsure | | | |

1. Classroom observations has been an important component in supporting teacher implementation of the curriculum and improved practice as health and sexuality educators. What is your district’s and or school’s policies regarding observations in classrooms by non-district/school personnel? What is the best means for scheduling observations for program monitoring and TA purposes?
2. Aside from the pre/post-test required as part of the evaluation, will students be assessed in any other way for knowledge and understanding of program content and skills acquisition? If so, please detail what types of assessments will be given (e.g., graded homework assignments, test/quizzes, exit tickets, do nows etc.)
3. **Grant Program Evaluation**
4. Please provide feedback on the required trainings for year 1: usefulness, meeting of expectations, suggestions for improvements/changes etc.

(Please adjust column and row heights as needed)

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| **Training and Date** | **Attended (Y/N/NA)** | **Comments/Feedback** |
| PREP District Kick-Off Meetings |  |  |
| PREP Program Curriculum Expo – April 13, 2023 |  |  |
| Adolescent Brain Development + Social Emotional Learning in Sexuality Education – May 17, 2023 |  |  |
| Virtual Professional Development Sessions on Climate Setting When Teaching Sex Education |  | Please indicate which session date/s were attended. |
| Three Rs Curriculum Training: May 30 – June 1, 2023 |  |  |

1. How would you rate the communications received from DESE regarding program activities and requirements? What worked, what didn’t and any suggestions for improvement?
2. Please provide any additional feedback regarding PREP grant resources, assistance and supports for this year.
3. What supports, resources (if any) would you need more of?

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**School Implementation Chart District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please complete the following for all schools and teachers who will be implementing the curriculum during the next school year.

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| School | Teacher Name | Teacher Email and Phone | Grade | Estimated number of class groups and students | Anticipated start and end date(s) of classes | Has Principal agreed to curriculum and scheduling needs? (Y/N) |
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